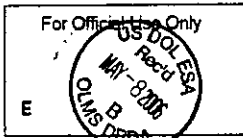


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11362	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Raymond E. Kasmark P.O. Box, Bldg., Room No., if any Street 1339 MacArthur Blvd. City Munster State Indiana ZIP Code + 4 46321	4. Name, file number, and address of labor organization. Name Electrical Workers IBEW Local 697 AFL-CIO Labor Organization File Number 026-710 P.O. Box, Building and Room Number, if any Street 2835 - 165th St. City Hammond State Indiana ZIP Code + 4 46323
5. Position in labor organization. Business Manager / Financial Secretary	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed	On May 1, 2006 219-844-6386 Date Telephone Number

Name of Person Filing Raymond E. Kasmark		File Number U- 11362
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Amalgamated Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ONE West Monroe St. City Chicago State Illinois ZIP Code + 4 60603		9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name IBEW Local 697 and Electrical Industry Health and Welfare Plan P Benefit Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 2190 Street 2835 - 165th St. City Hammond State Indiana ZIP Code + 4 46323		11.a. Nature of such dealing. Amalgamated Bank of Chicago holds investment and other bank accounts for the local union and Trust listed in Box #10. 11.b. Approximate dollar value of such dealing. unknown 12.a. Nature of interest held or income received. Fees earned for participation on Amalgamated Bank Indiana Labor Council. All Fees are electronically deposited in Charity Account - Munster High School Adult Booster Club, Munster Ind. 46321 12.b. Amount. \$750⁰⁰ - Fees (3mtgs.)

Name of Person Filing Raymond E. Kasmak	File Number U- 11362
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Commonwealth Realty Advisors Inc.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **20 South Clark St. Suite 3000**

City **Chicago**

State **Illinois** ZIP Code + 4 **60603**

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Local 697 IBEW + Electrical Industry Pension Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **P.O. Box 2190**

Street **2835 - 165th St.**

City **Hammond**

State **Indiana** ZIP Code + 4 **46323**

11.a. Nature of such dealing. **Money Manager for pension Assets**

11.b. Approximate dollar value of such dealing. **\$5,000,000**

12.a. Nature of interest held or income received.

1. Ticket to professional sporting event
2. Dinner while attending 6th district IBEW Mtg
3. Tickets to professional sporting event

12.b. Amount. 1. **\$33.00** 2. **\$126.81** 3. **\$377.50**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>Raymond E. Kasmart</u>	File Number U- <u>11362</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Legacy Professionals LLP</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>9301 Calumet Ave.</u> City <u>Munster</u> State <u>Indiana</u> ZIP Code + 4 <u>46321</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>See Below for list of Funds</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any <u>P.O. Box 2190</u> Street <u>2835 - 165th St.</u> City <u>Hammond</u> State <u>Indiana</u> ZIP Code + 4 <u>46323</u> <u>Local 697 IBEW + Electrical Industry:</u> - Health and Welfare Plan P Benefit Trust - Health and Benefit plan Trust - Pension fund Trust - Money Purchase Plan and Trust - Lake County Joint Apprenticeship + Training Trust	11.a. Nature of such dealing. <u>Legacy Professionals provides accounting and auditing functions for the Local Union and Trust Funds listed in Box #10.</u> 11.b. Approximate dollar value of such dealing. <u>\$50,000</u> 12.a. Nature of interest held or income received. <u>Golf outing and Dinner</u> 12.b. Amount. <u>\$256.10</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.